

## 1999

## 990012700

## MAINE CORPORATE SHORT FORM INCOME TAX RETURN

The second secon			990012700
FORM 1120A-ME	For Calendar 1999 or Tax Year		
	— For Tax Period 99 TO	MM DD YY	Federal Employer ID Number
Name			Federal Business Code
Address			State of Incorporation
City, Town or Post Office		State	ZIP Code
Contact Person First Name	Last Name		Phone Number
CHECK APPLICABLE BOXES:	(1) Initial return (2) Final return	(3) Change of name/addre	
Note: Li	ne numbers for this form correspond to the same lii	ne numbers on Form 1120ME (see	specific instructions)
	COME (federal Form 1120, line 30 or Form 1120A, line 26 us sign in the box to the left of the number		.00
2h STATE INCOME TAX RE	FUNDS included in line 1 above	MINUS 2h \$	.00
4a INCOME TAXES IMPOSI	ED BY MAINE	PLUS 4a \$	.00
6 MAINE NET INCOME.	f negative, enter a minus sign in the box to the left of th	ne number= 6 \$	.00
7a MAINE CORPORATE INC	COME TAX	7а \$	.00
8 Enter the amount of any	ESTIMATED TAX PAYMENTS (8a) and EXTENSION PAYM	MENTS (8b) MINUS 8	.00
9b Enter <b>PENALTY FOR UN</b>	IDERPAYMENT of estimated tax	PLUS 9b \$	.00
9c TAX DUE (If line 7a minu	is line 8 plus line 9b is positive, enter that amount here)	· <del></del>	
10 Amount of <b>OVERPAYME</b>	NT (If line 7a minus line 8 plus line 9b is negative, enter	that amount here)= 10 \$	
11a Amount of <b>OVERPAYME</b>	NT TO BE CREDITED to next year's liability		00
11b Amount of <b>OVERPAYME</b>	NT TO BE REFUNDED	11b \$ <u> </u>	00
<ul><li>100% of business act</li><li>Corporation is not a m</li><li>Corporation claims no</li></ul>	ST MEET ALL OF THE FOLLOWING TO ivity conducted in Maine (no apportionment of incomember of an affiliated group filing a separate return tax credits other than extension payments or escuired to pay Maine Alternative Minimum Tax.  If you do not meet these requirements	ocome).  • The only adjustments in the only adjustments in the order to the order t	ent to income is Maine income taxes. not file a combined return. e withholding payments).
PRESIDENT'S NAME		SOCIAL SECURITY NUMBER	3
TREASURER'S NAME		SOCIAL SECURITY NUMBER	S
Under penalties of perjury, I declare that I	have examined this return and to the best of my knowledge and belief it	is true, correct and complete. File retu	rn with: Maine Revenue Services Income/Estate Tax Division
DATE OFFICER	'S SIGNATURE	TITLE	P.O. Box 1062 Augusta, ME 04332-1062
DATE SIGNATU	RE OF PREPARER (INDIVIDUAL OR FIRM)	TITLE	Office Use Only
THIS RETURN MUST BE ACCO	MPANIED BY A LEGIBLE COPY OF THE U.S. CORPOR GES 1 & 2 FOR THE SAME TAXABLE PERIOD.		ERAL FORM